Philips Medical Systems

FIELD CHANGE ORDER — Service

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service recommendation

Tube assembly ROT 350, ROT 351, ROT 500, ROT 501, ROT-GS 501, ROT 504, ROT-GS 505, ROT 507

APPLIES TO:

Tube assembly combinations RO / SRO and SRM tubes with tube housings ROT 350, ROT 351, ROT 500, ROT 501, ROT-GS 501, ROT 504, ROT-GS 505, ROT 507 with the following type numbers:

9874 001 16122	9874 006 11122	9874 094 00362	9890 000 03951	9890 000 63901
9874 002 05122	9874 006 22122	9874 094 00462	9890 000 03961	9890 000 63911
9874 002 07122	9874 006 23112	9874 094 00482	9890 000 63181	9890 000 63931
9874 002 08112	9874 007 01122	9890 000 03362	9890 000 63661	9890 000 63941
9874 004 21122	9874 008 46122	9890 000 03432	9890 000 63671	9890 000 65122
9874 004 23122	9874 008 47122	9890 000 03442	9890 000 63721	9890 000 85001
9874 004 24112	9874 008 60122	9890 000 03562	9890 000 63731	9890 000 85181
9874 005 08122	9874 008 63132	9890 000 03621	9890 000 63751	9890 000 85251
9874 005 09122	9874 008 64132	9890 000 03821	9890 000 63761	
9874 005 16122	9874 008 66122	9890 000 03841	9890 000 63841	

TITLE:

Loose fixing screws on the supporting bridge of the tube housing of the tube assembly

LIST OF PAGES & DRAWINGS:

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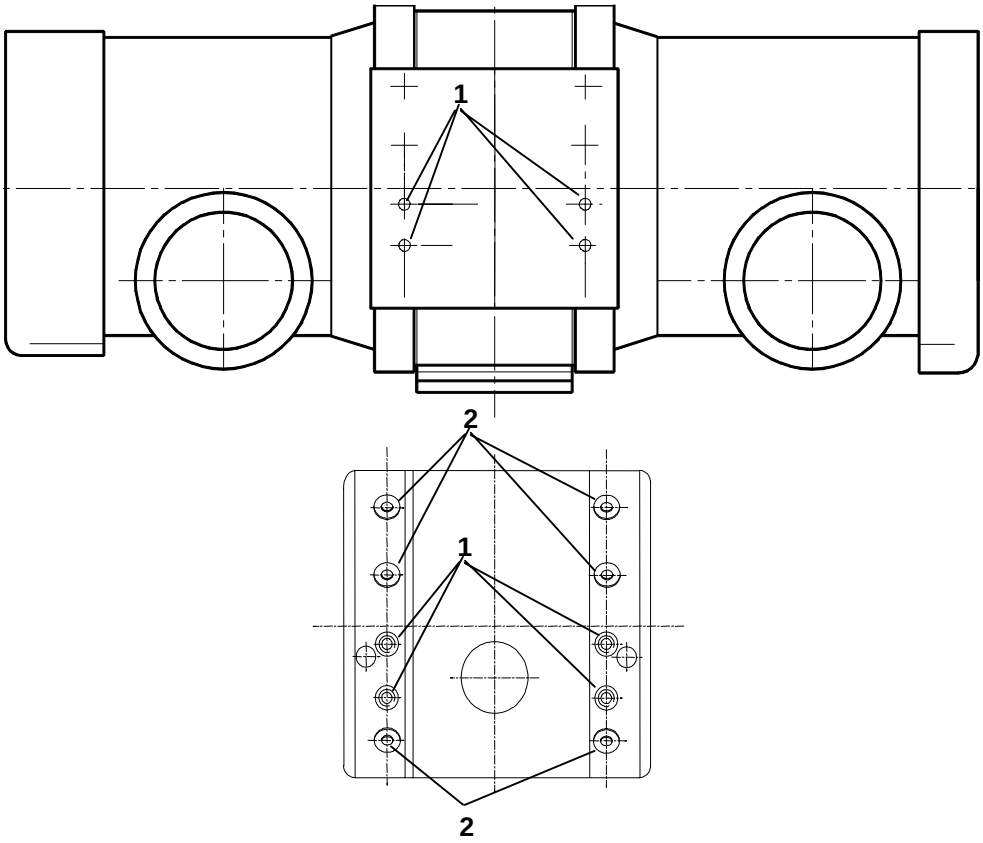
INTRODUCTION:

Symptom : Problems with the radiation geometry during operation of the tube assembly.
The centering of the central beam does not coincide with the geometry of the imaging system (film or, respectively, image intensifier).

Cause : The tube assembly is centered with respect to the system via the supporting bridge of the tube housing. The required stability to keep the tube assembly in position with respect to the central beam is provided by especially specified fixing screws **(1)**.
See sketch below:



Complaints from the field and inspections of returned tube assemblies have revealed that sometimes the fixing screws of the supporting bridge of the tube housing were loose. It was also found out that unspecified lengths of screws were used in the field which caused damage of the tube housing.

Remedy : Check of whether the fixing screws are tight and, if necessary, retightening of the fixing screws at least once a year. This work can be carried out during regular maintenance or any other service action.
To fix the retaining rings of the supporting bridge of the tube housing use six cheese-head screws **(2)** with hexagon socket and conical spring washers.

Code number screw M5 x 12: 2522 007 15036
Code number spring washer M5: 2512 767 06004

The supporting bridge of the tube housing is fixed at the system side with four screws M6 x _ _ **(1)** and spring washers. The length of the screws depends on the system. Observe the inserted screw length (7.3 mm).

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MANPOWER / TIME TO COMPLETE:

1 service engineer, 0.5 hour

TOOLS & TEST EQUIPMENT:

Standard set of service tools

DOCUMENTATION:

- Log this action in the section "History Record" of the System Reference Manual.
- File this FCO in the section "Service Information" of the System Reference Manual.
- Fill out the attached Action Notification Report and send it to your SSD Customer Services Manager.

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FCO ACTION NOTIFICATION REPORT
For local SSD use only; do not return to PMG.

TITLE : ***Loose fixing screws on the supporting bridge of the tube housing of the tube assembly***	
CLASSIFICATION : ***service recommendation***	FCO REF. NO.: FCO74000002
APPLIES TO : ***Tube assembly combinations RO / SRO and SRM tubes with tube housings ROT 350, ROT 351, ROT 500, ROT 501, ROT-GS 501, ROT 504, ROT-GS 505, ROT 507***	

HOSPITAL / ADDRESS :

LOCATION / FW SITE NO.:	SALES ORDER NO. / OA NO.:

PRODUCT NUMBER : | | | | | | | | | | | | |

UNIT SERIAL NUMBER :

ACTION ON THIS UNIT WAS: (select one)

JOB NO. / SERVICE INCIDENT NO.:

☐ Completed per instruction on _____ DATE

☐ Completed by the factory prior to delivery.

☐ Not completed as this unit is not affected per instruction because: (state reason)

_____

☐ Not completed because customer has unit in storage.
Required parts & instructions received by the customer.

CUSTOMER ACKNOWLEDGEMENT (Required for **MANDATORY ACTIONS** only).

The **REASON and PURPOSE** of this modification have been explained to me.

_____ CUSTOMER NAME (PLEASE PRINT)

_____ TITLE

_____ CUSTOMER SIGNATURE

_____ DATE

BRANCH
REGION /
DEALER : _____

SERVICE UNIT /
SERVICE AREA NO.: _____

_____ SIGNATURE CUSTOMER SERVICES ENGINEER

_____ DATE

_____ SIGNATURE CUSTOMER SERVICES MANAGER

MAIL TO : SSD Customer Services Manager

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